

# COVER SHEET

## ARIZONA CORPORATION COMMISSION DOCKET CONTROL CENTER

CASE/COMPANY NAME:

DOCKET NO.

D/B/A or RESPONDENT:

### NATURE OF ACTION OR DESCRIPTION OF DOCUMENT

Please mark the item that describes the nature of the case/filing:

01 **UTILITIES - NEW APPLICATIONS**

NEW CC&N

RATES

INTERIM RATES

CANCELLATION OF CC&N

DELETION OF CC&N (TERRITORY)

EXTENSION OF CC&N (TERRITORY)

TARIFF - **NEW (NEXT OPEN MEETING)**

REQUEST FOR ARBITRATION

(Telecommunication Act)

FULLY OR PARTIALLY ARBITRATED

INTERCONNECTION AGREEMENT

(Telecom. Act.)

VOLUNTARY INTERCONNECTION

AGREEMENT (Telecom. Act)

MAIN EXTENSION

CONTRACT/AGREEMENTS

COMPLAINT (Formal)

RULE VARIANCE/WAIVER REQUEST

SITING COMMITTEE CASE

SMALL WATER COMPANY –SURCHARGE (Senate Bill 1252)

SALE OF ASSETS & TRANSFER OF OWNERSHIP

SALE OF ASSETS & CANCELLATION OF CC&N

FUEL ADJUSTER/PGA

MERGER

FINANCING

MISCELLANEOUS

Specify

02 **UTILITIES - REVISIONS/AMENDMENTS TO  
PENDING OR APPROVED MATTERS**

APPLICATION

COMPANY

DOCKET NO.

TARIFF

PROMOTIONAL

DECISION NO.

DOCKET NO.

COMPLIANCE

DECISION NO.

DOCKET NO.

**SECURITIES or MISCELLANEOUS FILINGS**

04 AFFIDAVIT

12 EXCEPTIONS

18 REQUEST FOR INTERVENTION

48 REQUEST FOR HEARING

24 OPPOSITION

50 COMPLIANCE ITEM FOR APPROVAL

32 TESTIMONY

47 COMMENTS

29 STIPULATION

38 NOTICE OF INTENT

(Only notification of future action/no action necessary)

43 PETITION

46 NOTICE OF LIMITED APPEARANCE

39 **OTHER**

Specify

Date

Print Name of Applicant/Company/Contact person/Respondent/Atty.

Phone

# NOTICE

As of February 2, 1998, the Arizona Corporation Commission required that this Cover Sheet accompany all documents filed with the Docket Control Center.

A correct and complete Cover Sheet ensures the accuracy of the Corporation Commission's records and statistics and reduces processing time.

## For each document filed, you must have:

- a. A completed Cover Sheet:
  - 1 for each filing, accompanying the cover letter or 1st page of the original document
- b. The original plus **13** additional copies:
  - 2 additional copies for each additional Docket number on your filing.
  - For all filings except line sitings.
  - Line sitings require the original plus **25** copies.
- c. The docket number (when available) listed on the Cover Sheet **and** on the first page of the document and/or the cover letter.

★ Failure to provide the information listed above may result in your documents being returned to you. Thus, delaying your filing.

For your convenience, additional Cover Sheets with instructions are available at the filing window of Docket Control.

Please see the Commission web site [[www.cc.state.az.us](http://www.cc.state.az.us)] to download this document and others.

Thank you for your cooperation.

Docket Control Center  
Arizona Corporation Commission  
1200 W. Washington  
Phoenix, AZ 85007-2996

[602] 542-3477

# ARIZONA CORPORATION COMMISSION



**RATE APPLICATION  
FOR WATER COMPANIES  
WITH ANNUAL GROSS OPERATING REVENUES  
(INCLUDING REQUESTED RATE RELIEF)  
OF LESS THAN \$250,000  
PER ARIZONA ADMINISTRATIVE CODE R14-2-103  
Details at website: [www.cc.state.az.us](http://www.cc.state.az.us)**

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**UTILITY NAME**

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**DOCKET NO(S).**

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**TEST YEAR ENDED**

**Required invoices to be submitted are listed in the checklist on page 1.**

You must complete ALL items in the application according to the instructions provided. If you have any questions regarding the application, call the Chief of Accounting and Rates at (602) 542-0743 for Staff assistance or see our website at: [www.cc.state.az.us](http://www.cc.state.az.us)

IN ORDER TO PROCESS YOUR APPLICATION  
FORWARD THE ORIGINAL AND FIFTEEN COPIES OF THE  
**APPLICATION AND COVER SHEET** PLUS THREE  
PACKETS WITH COPIES OF  
CHECKLIST ITEMS 5-11 (PAGE 1)  
TO DOCKET CONTROL CENTER  
1200 WEST WASHINGTON STREET  
PHOENIX, ARIZONA 85007

**Note: Please refer to the checklist on page 1 for the required attachments.**

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## WATER RATE APPLICATION CHECKLIST

Please use the following checklist to ensure that all necessary attachments are included in the application. Provide an explanation for any omitted item. Please include 15 copies of this application in your application submission. Also, please include three packets with copies of checklist items 5-11.

### ORIGINAL APPLICATION PACKAGE ITEMS

- ☐ 1. The Arizona Department of Environmental Quality ("ADEQ") compliance status report. Use the appropriate request form in the appendix at the end of this application to obtain the status report. A separate form should be used for each public water system, as defined by ADEQ, that is part of this application.
- ☐ 2. The Arizona Department of Revenue ("ADOR") certificate of compliance letter of good standing. Use the tax clearance application in the appendix at the end of this application in order to obtain the certificate of compliance. (Send in the certificate of compliance with your application.)
- ☐ 3. The utility's most recent ADEQ annual sampling fee invoice for its Monitoring Assistance Program.
- ☐ 4. Invoices for each plant asset purchase in excess of \$150 for the Test Year, as well as all of the intervening years since the utility's prior Test Year as itemized on page 13.

Please provide 3 packets with copies of the following information to support entries on the Income Statement on page 19:

- ☐ 5. A breakdown by name, position, salary, and duties for the Salaries and Wages expense. (Acct. 601)
- ☐ 6. Invoices for Purchased Water during the Test Year. (Acct. 610)
- ☐ 7. Invoices for Purchased Power during the Test Year. (Acct. 615)
- ☐ 8. Invoices for Repairs and Maintenance in excess of \$150 incurred during the Test Year. (Acct. 620)
- ☐ 9. Invoices for Outside Services in excess of \$150 incurred during the Test Year. (Acct. 630)
- ☐ 10. Invoices for Water Testing during the Test Year (Acct. 635)
- ☐ 11. Statements from the county for Property Tax expenses incurred during the Test Year. (Acct. 408.11)

## GENERAL INSTRUCTIONS

Processing the request for a rate adjustment requires completion of ALL PARTS of this application. Complete the Narrative Description of the Application for Rate Adjustment on pages 3 and 4, as well as the statements on pages 5 and 6. Read the accompanying instructions and fill in the entries on pages 9 through 31. Dollar amounts should be rounded to the nearest dollar. NO ENTRY SHOULD BE LEFT BLANK. If an amount is zero, enter a zero. **Any application that is found to be insufficient will not be processed until the deficiencies are corrected per A.A.C. R14-2-103.B.7.**

A completed application also **requires** notification of customers of the rate request. The format of the customer notification letter is provided on page 32 of this application. Use the language and form of this letter in notifying customers. The customer notification **must** be provided to customers on the same date as the rate application is filed. A copy of this notice, together with a **notarized** cover letter stating the method of customer notification and the date the notification was sent to the customers, **must** accompany the application form.

Please provide any supplementary information the Company believes will assist in the evaluation of the rate request. For example, if expense items are substantially different from the latest annual report filed with the Commission, or if significant plant additions have been made since the prior rate increase, attach supporting explanations for those changes to the application. Clearly label any attachments and staple them to the application.

Selection of a Test Year for the utility is an important part of the application. A Test Year older than the year reflected in the most current Annual Report filed with the Utilities Division is usually considered outdated. Questions regarding the selection of a Test Year should be addressed to the Chief of Accounting and Rates at (602) 542-0743.

Please contact the Arizona Department of Environmental Quality (and/or its authorized county agencies) and request a compliance status report. Submit a copy of this report as part of this filing. Please refer to the appendix of this application form.

Please contact the Arizona Department of Revenue and request a certificate of compliance letter of good standing regarding taxes. Submit a copy of this compliance certificate. Please refer to the appendix of this application form.

After you have included all the required items from the checklist on the previous page, please submit the **original and fifteen copies** of the completed application with a cover sheet to:

Docket Control Center  
Arizona Corporation Commission  
1200 West Washington Street  
Phoenix, Arizona 85007

Also, please include **three packets** with copies of checklist items 5-11 (see page 1) in your application filing with the Docket Control Center.

## NARRATIVE DESCRIPTION OF APPLICATION FOR RATE ADJUSTMENT

### Instructions:

Please provide the reasons for your requested rate adjustment by checking the appropriate box(es) below. If desired, the Company may also attach a written narrative regarding its reasons for the requested rate adjustment. Your narrative may also include efforts made by the utility to control costs/expenses and/or mitigate the amount of rate adjustment.

- ☐ Changes in current, compared to past operations, that necessitate the rate adjustment  
Please explain:

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- ☐ Descriptions and/or calculations of adjustments made to amounts that are included in this application that are different than amounts recorded in your books/ledgers (pro forma adjustments)  
Please explain:

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- ☐ Significant factors influencing your revenues, expenses and/or rate base  
Please explain:

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- ☐ Anticipated growth/decline in customers expected in the next two years, the amount of anticipated construction to serve those customers, and how financed; the type of customers served by the utility, e.g. residential, irrigation, small retail businesses, large commercial, etc.  
Please explain:

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- ☐ Anticipated construction  
Please explain:

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☐ Efforts made to encourage conservation of water through the proposed rate design or through other means  
Please explain:

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☐ Other factors  
Please explain:

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***Attach additional pages as necessary.***



Company Name:	Test Year Ended:
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### AFFILIATE RELATIONSHIP

Please indicate a **yes** or **no** answer to the questions below and provide an explanation where necessary.

A parent-subsidary relationship, or affiliation, with another entity includes corporations, partnerships, sole proprietorship, limited liability corporations (LLCs), as well as common ownership of a water company and another entity, such as a development company or wastewater company.

Are any assets owned jointly with any affiliated or subsidiary entities?

☐ YES      ☐ NO

If **Yes**, please provide a description of each jointly owned asset, it's cost, and the percentage of the asset owned by the utility. (Please note the amounts reported on pages 13 and 15 should only include the percentage of plant owned by the utility.)

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Were any of the assets constructed or acquired from an affiliated or subsidiary entity?

☐ YES      ☐ NO

If **Yes**, please identify the affiliated entity, the relationship with the utility, and a detailed listing of all transactions reflected in the Plant accounts. Also include detail for other balance sheet accounts, such as Advances, Contributions in Aid of Construction, inter-company payables and receivables, as well as affiliated revenues and expenses from the Company's Income Statement.

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## STATEMENTS IN SUPPORT OF RATE REQUEST

Complete the following statements in support of your rate request.

\_\_\_\_\_ (the "Company") requests an adjustment in the existing rates charged by the Company. The information contained in this application is based upon a twelve-month Test Year ending \_\_\_\_\_ (mm/dd/yy). The Company had total operating revenues of \$\_\_\_\_\_, served \_\_\_\_\_ metered and \_\_\_\_\_ un-metered customers, and **sold** \_\_\_\_\_ gallons of water during the Test Year.

(from page 19)

(from page 18)

The Company is requesting a(n) increase/decrease in revenues in the amount of \$\_\_\_\_\_.

Total annual operating revenues, if the Company is granted the rate adjustment, will be \$\_\_\_\_\_.

The Company is current on all property taxes. ☐ YES ☐ NO

The Company is current on all sales taxes. ☐ YES ☐ NO  
(Please use the form in the appendix and see checklist item 2 on page 1.)

The Company currently has a Curtailment Plan Tariff on file with the Commission ☐ YES ☐ NO

The Company currently has a Backflow Prevention Tariff on file with the Commission. ☐ YES ☐ NO

The Company notified its customers of its application for a rate adjustment on \_\_\_\_\_ (mm/dd/yy). **A COPY OF THE NOTICE WITH A NOTARIZED COVER LETTER STATING THE METHOD OF CUSTOMER NOTIFICATION, AS WELL AS THE DATE OF THE NOTIFICATION, MUST BE ATTACHED. (See page 32)**

By completing this application in support of the Company's request for a rate adjustment, the Company realizes that Original Cost Less Depreciation ("OCLD") plant information will be used to determine the fair value rate base, i.e., the Company waives the right to Reconstruction Cost New.

The utility company ownership is one of the following:

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ "C" Corporation
- ☐ "S" Corporation
- ☐ Limited Liability Corporation ("LLC")
- ☐ Association--Cooperative
- ☐ Other, please specify: \_\_\_\_\_

***Note: If a corporation, please list stockholders and the respective number of shares owned below.***

Stockholders	Number of Shares Owned

I have read and completed this application, and to the best of my knowledge all of the information contained herein, and attached to this application, is true and correct.

Name of Authorized Representative (print):	Company Name:
Title:	Address:
Signature:	
Date:	Phone Number:
E-mail Address:	Fax Number:
Website Address:	

## CURRENT AND PROPOSED RATES AND CHARGES INSTRUCTIONS

Complete the schedules on pages 9 and 11 showing rates and charges currently in effect, and those proposed by the Company. Specify the customer class or classes (i.e., residential, commercial, industrial, irrigation, all, or other classes) in the space provided.

### MONTHLY CHARGE:

Enter the monthly minimum (or service) charge and gallons included in the minimum for each meter size. For example, enter "\$12.00 for zero gallons." Propose a monthly minimum (or service) charge for every meter size listed on page 9. Also, enter the commodity (or excess) charge for the gallonage the customer will be charged for gallons used over those included in the minimum charge. For example, enter "\$1.25 per 1,000 gallons." If excess charges vary with gallonage used, enter the rates and gallons covered in each tier of consumption in the space provided. For example:

First Tier	Up to 3,000 gallons	\$1.00 per 1,000 gallons
Second Tier	3,001 to 10,000 gallons	\$1.50 per 1,000 gallons
Third Tier	Over 10,000 gallons	\$2.50 per 1,000 gallons

If a flat rate, rather than a metered rate, is currently approved or proposed, enter the monthly rate in the space provided. A "flat rate" is a charge that is not based on gallons used. (For example, \$10.00 for all the water you can use.) If the Company currently has a flat rate and wishes to continue this rate, please contact the Chief of Accounting and Rates at 602-542-0743. It is likely that Staff will **not** recommend the continuation of such a rate.

Company Name:	Test Year Ended:
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### CURRENT AND PROPOSED RATES AND CHARGES

CUSTOMER CLASS: ☐ Residential ☐ Commercial ☐ Industrial  
☐ Irrigation ☐ All ☐ Other, specify \_\_\_\_\_

	CURRENT RATES	PROPOSED RATES
MINIMUM OR SERVICE CHARGES	\$ GALLONS	\$ GALLONS
5/8" x 3/4" Meter	for	for
3/4" Meter	for	for
1" Meter	for	for
1-1/2" Meter	for	for
2" Meter	for	for
3" Meter	for	for
4" Meter	for	for
6" Meter	for	for

GALLONS IN EXCESS OF MINIMUM	Current Rates		Proposed Rates	
Commodity Charge in Excess of Minimum (Charge Per 1,000 Gallons)	Rate	Gallons	Rate	Gallons
First Tier	\$	Up to _____	\$	Up to _____
Second Tier	\$	_____ to _____	\$	_____ to _____
Third Tier	\$	Over _____	\$	Over _____
FLAT RATE	\$	Per Month	\$	Per Month

**Note:** If rates and charges vary across customer classes, duplicate the form and complete one for each rate class. (e.g., residential, commercial) unless "All" is checked.

## SERVICE CHARGES INSTRUCTIONS

Listed below are current and proposed service charges as appropriate. Commission Rules should be consulted in proposing new service charges. Please list current and proposed rates on Page 11, as well as any service charges not listed below that the Company proposes to charge.

<b>Service Charge (Commission Rule)</b>	<b>Description</b>
Service Line and Meter Installation Charge (R14-2-405.B)	A refundable Advance in Aid of Construction paid by a new customer to cover the cost of installing all customer piping up to the meter, as well as the cost of installing the meter. Propose a charge for every meter size listed on page 11.
Establishment (R14-2-403.D.1)	A charge covering the cost to establish a new account for a person requesting service when the utility needs only to install a meter for initial establishment, reestablishment, or reconnection.
Establishment (After Hours) (R14-2-403.D.2)	A charge covering the cost to establish a new account for a person requesting service during a period other than regular working hours.
Meter Test (R14-2-408.F)	A charge for testing the accuracy of a meter upon a customer's request. No charge will be levied if the meter is found to be in error by more than +/- three (3) percent.
Deposit (R14-2-403.B)	A refundable security deposit not exceeding two times the average residential class bill for residential customers, and not exceeding two and one-half times a non-residential customer's estimated maximum monthly bill.
Deposit Interest (R14-2-403.B.3)	Annual percentage interest rate applied to customer deposits. A six percent rate shall be applied if the company does not specify an interest rate with the Commission.
Re-establishment (R14-2-403.D.1)	A charge for service at the same location where the same customer had ordered a service disconnection within the preceding twelve-month period.
NSF Check (R14-2-409.F.1)	A fee for each instance where a customer tenders payment for utility service with an insufficient funds check.
Deferred Payment (R14-2-409.G.6)	Applicable monthly finance charges (interest rate) applied in a deferred payment agreement between the company and a customer.
Meter Re-read (R14-2-408.C.2)	Charge for a customer requested re-read of meter applicable when the original reading was found not to be in error.

Company Name:	Test Year Ended:
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### CURRENT AND PROPOSED SERVICE CHARGES

CUSTOMER CLASS: ☐ Residential ☐ Commercial ☐ Industrial  
☐ Irrigation ☐ All ☐ Other, specify \_\_\_\_\_

SERVICE LINE AND METER INSTALLATION CHARGES	CURRENT CHARGES	PROPOSED CHARGES
5/8" X 3/4" Meter	\$	\$
3/4" Meter	\$	\$
1" Meter	\$	\$
1-1/2" Meter	\$	\$
2" Meter	\$	\$
3" Meter	\$	\$
4" Meter	\$	\$
6" Meter	\$	\$

Establishment	\$	\$
Establishment (after hours)	\$	\$
Reconnection (delinquent)	\$	\$
Reconnection (delinquent) after hours	\$	\$
Meter Test	\$	\$
Deposit	\$	\$
Deposit Interest	%	%
Re-establishment (within 12 months)	\$	\$
NSF Check	\$	\$
Deferred Payment	%	%
Meter Re-read	\$	\$
Late Fee	\$	\$

**Note: If rates and charges vary across customer classes, duplicate the form and complete one for each rate class. (e.g., residential, commercial) unless "All" is checked.**

## UTILITY PLANT IN SERVICE INSTRUCTIONS

### Instructions for Page 13

Begin the computation of utility plant in service by completing the worksheet on page 13 labeled Plant Additions and Retirements by Year. On this worksheet insert the dollar amount of plant additions and retirements for each account by year. Provide all additions and retirements for all years beginning with the Test Year in the prior rate case and ending with the test year used in this application. If there are more than two intervening years, make copies of page 13 to report all intervening years.

### Instructions for Page 14

Upon completion of the above task, please add all additions on page 13 per plant account and enter the total on page 14 (Plant Summary), column B (Total Additions). Similarly, add all retirements by plant account and enter the total on page 14, column C (Total Retirements).

To assist you in the completion of page 14, please refer to the Commission Decision issued in the Company's prior rate case. That Decision established the value for the Original Cost of the plant and accumulated depreciation at the end of the prior test year. It may be necessary to refer to the associated Staff Report for individual account detail relating to the totals listed in the Decision.

Place the original cost of the plant in service per the prior decision in column A (Plant in Service Per Prior Decision).

Complete column D (Test Year End Total), of page 14, for each plant account by adding column A and B and subtracting column C.

The totals calculated by plant must then be copied to page 15 (Utility Plant in Service), in the column titled Original Cost.

### Instructions for Page 15

The Test Year End Totals by plant account on page 14 must be recorded to the Utility Plant in Service worksheet on page 15, in the column titled Original Cost. The second column (Accumulated Depreciation) will include the accumulated depreciation as stated in the Commission's prior Decision plus each year's depreciation expense since the prior Test Year. The third column, Original Cost Less Depreciation is calculated by subtracting Accumulated Depreciation from Original Cost for each account.

***Note: For assistance with any of the above, please contact the Chief of Accounting and Rates at 602-542-0743.***



Company Name:

Test Year Ended:

**Plant Additions and Retirements by Year**

Acct. No.	Description	Year ____		Year ____	
		Additions	Retirements	Additions	Retirements
301	Organization				
302	Franchises				
303	Land & Land Rights				
304	Structures & Improvements				
307	Wells & Springs				
311	Pumping Equipment				
320	Water Treatment Equipment				
320.1	Water Treatment Plants				
320.2	Solution Chemical Feeders				
330	Distribution Reservoirs & Standpipes				
330.1	Storage Tanks				
330.2	Pressure Tanks				
331	Transmission & Distrib. Mains				
333	Services				
334	Meters & Meter Installations				
335	Hydrants				
336	Backflow Prevention Devices				
339	Other Plant & Misc. Equipment				
340	Office Furniture & Equipment				
340.1	Computers & Software				
341	Transportation Equipment				
343	Tools, Shop & Garage Equip.				
344	Laboratory Equipment				
345	Power Operated Equipment				
346	Communication Equipment				
347	Miscellaneous Equipment				
348	Other Tangible Plant				
	<b>TOTAL WATER PLANT</b>				

*Note: Enter all additions and retirements, by year, from the prior test year through the end of the current test year. Enter the totals for the additions and retirements for all intervening years on page 14, Columns B and C, respectively.*

Company Name:

Test Year Ended:

**Plant Summary**

Acct. No.	Description	Plant in Service Per Prior Decision	Total Additions	Total Retirements	Test Year End Total
		<i>Column A</i>	<i>Column B</i>	<i>Column C</i>	<i>Column D*</i>
301	Organization				
302	Franchises				
303	Land & Land Rights				
304	Structures & Improvements				
307	Wells & Springs				
311	Pumping Equipment				
320	Water Treatment Equipment				
320.1	Water Treatment Plants				
320.2	Solution Chemical Feeders				
330	Distribution Reservoirs & Standpipes				
330.1	Storage Tanks				
330.2	Pressure Tanks				
331	Transmission & Distrib. Mains				
333	Services				
334	Meters & Meter Installations				
335	Hydrants				
336	Backflow Prevention Devices				
339	Other Plant & Misc. Equipment				
340	Office Furniture & Equipment				
340.1	Computers & Software				
341	Transportation Equipment				
343	Tools, Shop & Garage Equip.				
344	Laboratory Equipment				
345	Power Operated Equipment				
346	Communication Equipment				
347	Miscellaneous Equipment				
348	Other Tangible Plant				
	<b>TOTAL WATER PLANT</b>				

**Note:** Please refer to the checklist on page 1 for the required attachments related to this schedule

\* **Column D = Column A + Column B - Column C**

Company Name:	Test Year Ended:
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### UTILITY PLANT IN SERVICE

Acct No.	Description	Original Cost	Accumulated Depreciation	OCLD
		<i>Column A</i>	<i>Column B</i>	<i>Column C**</i>
301	Organization			
302	Franchises			
303	Land & Land Rights		N/A	
304	Structures & Improvements			
307	Wells & Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
320.1	Water Treatment Plants			
320.2	Solution Chemical Feeders			
330	Distribution Reservoirs & Standpipes			
330.1	Storage Tanks			
330.2	Pressure Tanks			
331	Transmission & Distrib. Mains			
333	Services			
334	Meters & Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant & Misc. Equipment			
340	Office Furniture & Equipment			
340.1	Computers & Software			
341	Transportation Equipment			
343	Tools, Shop & Garage Equip.			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	<b>TOTAL WATER PLANT</b>	*	*	

\* *Must be the same as the amount reported on page 20*

\*\**Column C = Column A - Column B*

Company Name:	Test Year Ended:
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## WATER COMPANY PLANT DESCRIPTION

### WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (inches)	Meter Size (inches)	Year Drilled

\* Arizona Department of Water Resources Identification Number

### OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)

### BOOSTER PUMPS

Horsepower	Quantity

### FIRE HYDRANTS

Quantity Standard	Quantity Other

### STORAGE TANKS

Capacity	Quantity

### PRESSURE TANKS

Capacity	Quantity

Company Name:	Test Year Ended:
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**WATER COMPANY PLANT DESCRIPTION CONTINUED**

MAINS			CUSTOMER METERS	
Size (in inches)	Material	Length (in feet)	Size (in inches)	Quantity
2			5/8 x 3/4	
3			3/4	
4			1	
5			1 1/2	
6			2	
8			Comp. 3	
10			Turbo 3	
12			Comp. 4	
			Turbo 4	
			Comp. 6	
			Turbo 6	

**For the following three items, please list the utility owned assets in each category.**

**TREATMENT EQUIPMENT:**

**STRUCTURES:**

**OTHER:**

## WATER USE DATA SHEET

<b>NAME OF COMPANY</b>	
<b>ADEQ Public Water System Number:</b>	

MONTH/YEAR (12 Months of Test Year)	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
<b>TOTAL</b>	N/A	*	**

**Is the water utility located in an ADWR Active Management Area ("AMA")?**

☐ YES    ☐ NO

**Does the Company have an ADWR gallons per capita day ("GPCD") requirement?**

☐ YES    ☐ NO

**If Yes, please provide the GPCD amount:** \_\_\_\_\_

*Note: If you are filing for more than one system, please provide separate data sheets for each system. For explanation of any of the above, please contact the Engineering Supervisor at 602-542-7277.*

*\* This number must be equal to the number entered on Page 6, "sold gallons."*

*\*\* Gallons pumped cannot equal or be less than the gallons sold.*

Company Name:	Test Year Ended:
---------------	------------------

### COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	TEST YEAR
461	Metered Water Revenue	\$	\$
460	Unmetered Water Revenue		
474	Other Water Revenues		
	<b>TOTAL OPERATING REVENUES</b>	\$	\$ *
	<b>OPERATING EXPENSES</b>		
601	Salaries and Wages (See page 1, item 4)	\$	\$
610	Purchased Water (See page 1, item 5)		
615	Purchased Power (See page 1, item 6)		
618	Chemicals		
620	Repairs and Maintenance (See page 1, item 7)		
621	Office Supplies and Expense		
630	Outside Services (See page 1, item 8)		
635	Water Testing (See page 1, item 9)		
641	Rents		
650	Transportation Expenses		
657	Insurance – General Liability		
659	Insurance – Health and Life		
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense		
403	Depreciation Expense (From page 20)		
408	Taxes Other Than Income		
408.11	Property Taxes (See page 1, item 10)		
409	Income Tax		
	<b>TOTAL OPERATING EXPENSES</b>	\$	\$
	<b>OPERATING INCOME/(LOSS)</b>	\$	\$
	<b>OTHER INCOME/(EXPENSE)</b>		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	<b>TOTAL OTHER INCOME/(EXPENSE)</b>	\$	\$
	<b>NET INCOME/(LOSS)</b>	\$	\$

*Note: Do not include sales tax in revenue or expense. Please refer to the checklist on page 1 for the required attachments related to this schedule.*

*\* This number must be identical to the number entered on page 6 "total operating revenues."*

Company Name:	Test Year Ended:
---------------	------------------

### CALCULATION OF DEPRECIATION EXPENSE

Acct. No..	Description	Original Cost	Depreciation Percentage	Depreciation Expense
		<i>Column A</i>	<i>Column B</i>	<i>Column C*</i>
301	Organization			
302	Franchises			
303	Land & Land Rights		N/A	
304	Structures & Improvements			
307	Wells & Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
320.1	Water Treatment Plants			
320.2	Solution Chemical Feeders			
330	Distribution Reservoirs & Standpipes			
330.1	Storage Tanks			
330.2	Pressure Tanks			
331	Transmission & Distrib. Mains			
333	Services			
334	Meters & Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant & Misc. Equipment			
340	Office Furniture & Equipment			
340.1	Computers & Software			
341	Transportation Equipment			
343	Tools, Shop & Garage Equip.			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	<b>TOTAL WATER PLANT</b>			

**Note:** Use Test Year ending balances for column 1, and approved depreciation rates from the prior rate case in column 2.

**\* Column C = Column A x Column B**



Company Name:	Test Year Ended:
---------------	------------------

### BALANCE SHEET

Acct. No.		BALANCE AT BEGINNING OF TEST YEAR	BALANCE AT END OF TEST YEAR
	<b>ASSETS</b>		
	<b>CURRENT AND ACCRUED ASSETS</b>		
131	Cash	\$	\$
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	<b>TOTAL CURRENT AND ACCRUED ASSETS</b>	\$	\$
	<b>FIXED ASSETS</b>		
101	Utility Plant in Service	\$	\$ *
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant ("AD-UP")		(\$ )**
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility ("AD-NU")		(\$ )
	<b>TOTAL FIXED ASSETS</b>	\$	\$
	<b>TOTAL ASSETS</b>	\$	\$

***Note: Total Assets on this page should equal the sum of Total Liabilities and Total Capital on page 22. Also, numbers in parentheses should be subtracted. For example, Accounts 108 and 122 should be subtracted from Total Fixed Assets.***

***\* Must equal page 15, original cost***

***\*\* Must equal page 15, accumulated depreciation***

Company Name:	Test Year Ended:
---------------	------------------

### BALANCE SHEET (CONTINUED)

	<b>LIABILITIES</b>	<b>BALANCE AT BEGINNING OF TEST YEAR</b>	<b>BALANCE AT END OF TEST YEAR</b>
	<b>CURRENT LIABILITES</b>		
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	<b>TOTAL CURRENT LIABILITIES</b>	\$	\$
	<b>LONG-TERM DEBT (Over 12 Months)</b>		
224	Long-Term Notes and Bonds	\$	\$
	<b>DEFERRED CREDITS</b>		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction		\$ *
255	Accumulated Deferred Investment Tax Credits		
271	Gross Contributions in Aid of Construction		\$ **
272	Less: Amortization of Contributions		(\$ )
281	Accumulated Deferred Income Tax		
	<b>TOTAL DEFERRED CREDITS</b>	\$	\$
	<b>TOTAL LIABILITIES</b>	\$	\$
	<b>CAPITAL ACCOUNTS</b>		
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings		
218	Proprietary Capital (Sole Props and Partnerships)		
	<b>TOTAL CAPITAL</b>	\$	\$
	<b>TOTAL LIABILITIES AND CAPITAL</b>	\$	\$

**Note:** Account 272 should be subtracted from Total Deferred Credits.

\* Must equal page 24, Total Advances in Aid of Constructions

\*\* Must equal page 25, Total Advances

Company Name:	Test Year Ended:
---------------	------------------

**SUPPLEMENTAL FINANCIAL DATA**  
**Long-Term Debt<sup>1</sup>**

	LOAN #1*	LOAN #2*	LOAN #3*	LOAN #4*
Date Issued				
Source of Loan				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Net Proceeds	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate				
Current Year Interest	\$	\$	\$	\$
Current Year Principal	\$	\$	\$	\$
<b>Authority Granted By ACC Decision No.</b>				

***A.R.S. 40-301 requires ACC approval of long-term debt. If the Commission has not approved any of the above loans, then please submit an application requesting approval of the above loans.***

Meter Deposit Balance – Test Year	\$ _____
Meter Deposits Refunded During the Test Year	\$ _____

---

<sup>1</sup> ***List all bonds, notes, loans, and other types of indebtedness in which the proceeds were used in the provision of public utility service. Indebtedness incurred for personal uses by the owner of the utility should not be listed.***

Company Name:	Test Year Ended:
---------------	------------------

**ADVANCES IN AID OF CONSTRUCTION (Acct. 252)<sup>2</sup>**

	<b>Additions During Year</b>	<b>Refunds During Year</b>	
Balance Per Prior Decision	N/A	N/A	\$
Year_____	\$	\$	
Year_____	\$	\$	
Year_____	\$	\$	
Year_____	\$	\$	
Year_____	\$	\$	
Year_____	\$	\$	
Year_____	\$	\$	
Year_____	\$	\$	
Year_____	\$	\$	
Year_____	\$	\$	
Year_____	\$	\$	
Year_____	\$	\$	
Year_____	\$	\$	
Year_____	\$	\$	
Year_____	\$	\$	
Total of Additions	\$	N/A	
Total of Refunds	N/A	\$	
Total Advances in Aid of Construction	N/A	N/A	\$ *

**Note:** Prior Decision refers to the balances per the prior Staff Report as adjusted per the final Commission Decision.

**\* Total Advances in Aid of Construction = Balance Per Prior Decision + Total Additions - Total Refunds (cross reference this to the Balance Sheet on page 22)**

<sup>2</sup> **Advances in Aid of Construction refers to the following:**

- (1) Refundable amounts received from a new customer to cover the cost of a meter and piping from the building to the meter and the associated installation.**
- (2) Refundable amounts received from a customer or a developer for mains, valves, fittings, and additional facilities required to provide pressure, storage, or water supply pursuant to a main extension agreement.**

Company Name:	Test Year Ended:
---------------	------------------

**GROSS CONTRIBUTIONS IN AID OF CONSTRUCTION (Acct. 271)<sup>3</sup>**

Balance Per Prior Decision	N/A	\$
Additions Year_____	\$	
Additions Year_____	\$	
Additions Year_____	\$	
Additions Year_____	\$	
Additions Year_____	\$	
Additions Year_____	\$	
Additions Year_____	\$	
Additions Year_____	\$	
Additions Year_____	\$	
Additions Year_____	\$	
Additions Year_____	\$	
Additions Year_____	\$	
Additions Year_____	\$	
Additions Year_____	\$	
Total Additions	N/A	\$
Balance at Test Year End	N/A	\$ *

**Note:** Prior Decision refers to the balances per the prior Staff Report as adjusted per the final Commission Decision.

**\* Balance at Test Year End = Balance Per Prior Decision + Total Additions (cross reference this to the Balance Sheet on page 22)**

<sup>3</sup> **Contributions in Aid of Construction refers to the following:**

- (1) Non-refundable money, services, or property received for use in the provision of utility service from any source that is provided at no cost and interest free.**
- (2) Unrefunded balances of expired advance contracts reclassified from Advances in Aid of Construction.**

## **BILL COUNT INSTRUCTIONS**

A quarterly Bill Count must be provided for each of the meter sizes the Company had in service during the Test Year. If you had more than one meter size in service, reproduce the forms on pages 27 through 31, inclusive, so that you will submit one set of Bill Count forms (i.e. one Bill Count for each quarter and a Bill Count Summary), for each meter size. An item such as a metered standpipe would be considered to be a different size meter, since it may have a different tariff rate than the other size meters.

A Bill Count Summary sheet is provided on page 31. Please note that each bill over 100,000 gallons should be shown separately. The number of bills in each line will be added to produce a total of all bills at the bottom of the page.

The first step in producing the Bill Count is to collect all monthly bills rendered for metered water sales during the 12 months of the Test Year. The collection of bills must include bills to part-time customers and to customers who are no longer on the system, but who were on the system for any part of the Test Year.

Only include bills for water sold during the Test Year. For example, assume that the Test Year runs from January 1<sup>st</sup> to December 31<sup>st</sup> (calendar year) and you normally bill on January 5<sup>th</sup>. The bill sent out at that time would cover December 1<sup>st</sup> through 31<sup>st</sup> usage of the prior year and should not be included. The first billing to be used for the year would be the February 5<sup>th</sup> billing and the last billing to be used would be the billing of January 5<sup>th</sup> of the succeeding year.

Sort the bills by each quarter, by meter size, so that a separate bill count is produced for each three-month period by meter size. On each quarterly Bill Count sheet, place a tally for each bill in the appropriate gallonage range. After tallying each bill, add the tallies in each gallonage range and report the tally totals in the column provided.

*Note: For explanation of any of the above, please contact the Chief of Accounting and Rates at 602-542-0743.*

Company Name:	Test Year Ended:
Meter Size:	1 <sup>st</sup> Quarter Ended:

### BILL COUNT WORKSHEET 1<sup>ST</sup> QUARTER

GALLONAGE RANGE	NUMBER OF BILLS	TOTAL BILLS FOR 1 <sup>ST</sup> QUARTER
- 0 -		
1 to 1,000		
1,001 to 2,000		
2,001 to 3,000		
3,001 to 4,000		
4,001 to 5,000		
5,001 to 6,000		
6,001 to 7,000		
7,001 to 8,000		
8,001 to 9,000		
9,001 to 10,000		
10,001 to 12,000		
12,001 to 14,000		
14,001 to 16,000		
16,001 to 18,000		
18,001 to 20,000		
20,001 to 25,000		
25,001 to 30,000		
30,001 to 35,000		
35,001 to 40,000		
40,001 to 50,000		
50,001 to 60,000		
60,001 to 70,000		
70,001 to 80,000		
80,001 to 90,000		
90,001 to 100,000		
Over 100,000 (List actual gallons, e.g., 120,000)		
Total Bills		

Company Name:	Test Year Ended:
Meter Size:	2 <sup>nd</sup> Quarter Ended:

### BILL COUNT WORKSHEET 2<sup>ND</sup> QUARTER

GALLONAGE RANGE	NUMBER OF BILLS	TOTAL BILLS FOR 2 <sup>nd</sup> QUARTER
- 0 -		
1 to 1,000		
1,001 to 2,000		
2,001 to 3,000		
3,001 to 4,000		
4,001 to 5,000		
5,001 to 6,000		
6,001 to 7,000		
7,001 to 8,000		
8,001 to 9,000		
9,001 to 10,000		
10,001 to 12,000		
12,001 to 14,000		
14,001 to 16,000		
16,001 to 18,000		
18,001 to 20,000		
20,001 to 25,000		
25,001 to 30,000		
30,001 to 35,000		
35,001 to 40,000		
40,001 to 50,000		
50,001 to 60,000		
60,001 to 70,000		
70,001 to 80,000		
80,001 to 90,000		
90,001 to 100,000		
Over 100,000 (List actual gallons, e.g., 120,000)		
Total Bills		



Company Name:	Test Year Ended:
Meter Size:	3 <sup>rd</sup> Quarter Ended:

### BILL COUNT WORKSHEET 3<sup>RD</sup> QUARTER

GALLONAGE RANGE	NUMBER OF BILLS	TOTAL BILLS FOR 3 <sup>rd</sup> QUARTER
- 0 -		
1 to 1,000		
1,001 to 2,000		
2,001 to 3,000		
3,001 to 4,000		
4,001 to 5,000		
5,001 to 6,000		
6,001 to 7,000		
7,001 to 8,000		
8,001 to 9,000		
9,001 to 10,000		
10,001 to 12,000		
12,001 to 14,000		
14,001 to 16,000		
16,001 to 18,000		
18,001 to 20,000		
20,001 to 25,000		
25,001 to 30,000		
30,001 to 35,000		
35,001 to 40,000		
40,001 to 50,000		
50,001 to 60,000		
60,001 to 70,000		
70,001 to 80,000		
80,001 to 90,000		
90,001 to 100,000		
Over 100,000 (List actual gallons, e.g., 120,000)		
Total Bills		

Company Name:	Test Year Ended:
Meter Size:	4 <sup>th</sup> Quarter Ended:

### BILL COUNT WORKSHEET 4<sup>TH</sup> QUARTER

GALLONAGE RANGE	NUMBER OF BILLS	TOTAL BILLS FOR 4 <sup>th</sup> QUARTER
- 0 -		
1 to 1,000		
1,001 to 2,000		
2,001 to 3,000		
3,001 to 4,000		
4,001 to 5,000		
5,001 to 6,000		
6,001 to 7,000		
7,001 to 8,000		
8,001 to 9,000		
9,001 to 10,000		
10,001 to 12,000		
12,001 to 14,000		
14,001 to 16,000		
16,001 to 18,000		
18,001 to 20,000		
20,001 to 25,000		
25,001 to 30,000		
30,001 to 35,000		
35,001 to 40,000		
40,001 to 50,000		
50,001 to 60,000		
60,001 to 70,000		
70,001 to 80,000		
80,001 to 90,000		
90,001 to 100,000		
Over 100,000 (List actual gallons, e.g., 120,000)		
Total Bills		

Company Name:	Test Year Ended:
Meter Size:	

### BILL COUNT SUMMARY

	1 <sup>st</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr	Total
- 0 -					
1 to 1,000					
1,001 to 2,000					
2,001 to 3,000					
3,001 to 4,000					
4,001 to 5,000					
5,001 to 6,000					
6,001 to 7,000					
7,001 to 8,000					
8,001 to 9,000					
9,001 to 10,000					
10,001 to 12,000					
12,001 to 14,000					
14,001 to 16,000					
16,001 to 18,000					
18,001 to 20,000					
20,001 to 25,000					
25,001 to 30,000					
30,001 to 35,000					
35,001 to 40,000					
40,001 to 50,000					
50,001 to 60,000					
60,001 to 70,000					
70,001 to 80,000					
80,001 to 90,000					
90,001 to 100,000					
Over 100,000 (List actual gallons, e.g., 120,000)					
Total Bills					

## CUSTOMER NOTIFICATION

\_\_\_\_\_(Company Name) has applied to the Arizona Corporation Commission for an adjustment in rates. The current rates have been in effect since \_\_\_\_\_(mm/yy). A(n) increase/decrease in rates is necessary at this time due to \_\_\_\_\_(reason for the Company's request for a rate adjustment as summarized from pages 3 and 4). Based on the Company's unaudited Test Year results, (Company Name) realized an operating income/loss of \$\_\_\_\_\_. The Company is requesting a revenue increase/decrease of \$\_\_\_\_\_ or \_\_\_\_\_% of total revenues. Please see the attached pages 9 and 11 of the Company's application for the current and proposed rates.

The Application is available for inspection during regular business hours at the offices of the Commission in Phoenix at 1200 West Washington Street (for Tucson, call 800-535-0148 if located outside the Tucson local calling area or 520-628-6555 if inside the Tucson local calling area) and at *[name of Company and address]*. Please be advised that the rates and charges ultimately approved by the Commission may be higher or lower than the rates and charges requested in the Application.

Customer input is an important part of the Commission's analysis of the requested adjustment and is a factor in determining whether a hearing will be conducted. Customers should bring to the Commission's attention any questions or concerns related to the Company's Application, including service, billing procedures or other factors important in determining the reasonableness of charges. Customers may have the right to intervene in this matter. Customers wishing to communicate with the Commission, or request information on intervention in the proceeding, should contact the Commission's Consumer Services Section at 800-222-7000 (if located outside the Phoenix local calling area) or 602-542-4251 in the Phoenix local calling area. Customers may also contact the Tucson Commission office by calling 800-535-0148 (if located outside the Tucson local calling area) or 520-628-6555 in the Tucson local calling area.

Customers are advised that the Commission may act upon the Application without a hearing. Regardless of whether a formal hearing is held, customer comments submitted in writing will be placed in the office file, which the Commission reviews prior to making its final decision on the Application. It is important that customers contact the Commission within 15 days of the receipt of this notice so that the Commission's Staff can consider customer comments and concerns in developing its recommendations to the Commission.

## **Appendix: Water Compliance Affidavits and ADOR Tax Clearance Form**

# ARIZONA CORPORATION COMMISSION STATUS REQUEST

**TO:**

Maricopa County Environmental Services Department  
Drinking Water Program Manager Attention: Tom Waldbillig  
1001 N. Central Ave. Suite 150  
Phoenix, AZ 85004-1935  
Phone 602-506-6666  
Fax 602-506-6925

DATE: \_\_\_\_\_

**FROM:**

Water Company \_\_\_\_\_  
PWS Name: \_\_\_\_\_  
PWS I.D. Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_  
FAX: \_\_\_\_\_

Please return completed request to ACC Utilities Engineering (FAX 602-542-0766) and to the Company at address listed above within 30 days.

## Compliance Status Report

**Overall Compliance Status:**      ☐ No Major Deficiencies      ☐ Major Deficiencies

Comments:

**Monitoring and Reporting Deficiencies:**    ☐ No Deficiencies    ☐ Major Deficiencies

List deficiencies:

**Operation and Maintenance Deficiencies:**    ☐ No Deficiencies    ☐ Major Deficiencies

Date of last inspection / sanitary survey:

Major Operation and Maintenance Deficiencies cited during inspection

<input type="checkbox"/> None	<input type="checkbox"/> unable to maintain 20 psi	<input type="checkbox"/> inadequate storage
	<input type="checkbox"/> cross connection/backflow problems	<input type="checkbox"/> surface water treatment rule
	<input type="checkbox"/> treatment deficiencies	<input type="checkbox"/> approval of construction
	<input type="checkbox"/> certified operator	<input type="checkbox"/> other

Comments:

**Enforcement Action:**

Has enforcement action been taken? ☐ Yes ☐ No

Is water system in compliance with Consent /Compliance Orders/Agreements? ☐ Yes ☐ No

Comments:

### System Information:

Number of Points of Entry \_\_\_\_\_ Population Served \_\_\_\_\_ Connections Served \_\_\_\_\_

**Compliance Review Conducted by:**

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Based on data submitted by the water system, Maricopa County Drinking Water Program has determined that this system is currently delivering water that (meets/does not meet) water quality standards required by Arizona Administrative Code, Title 18, Chapter 4. This compliance status report does not guarantee the water quality for this system in the future. This compliance status report does not reflect the status of any other water system owned or operated by this utility company.

**TO:**

Arizona Department of Environmental Quality  
 Drinking Water Compliance Enforcement Unit  
 1110 West Washington Avenue, 5<sup>th</sup> Floor  
 Phoenix, Arizona 85007  
 Phone: 602-771-4624  
 Fax: 602-771-4505

**DATE:** \_\_\_\_\_**FROM:**

Water Company: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 FAX: \_\_\_\_\_

Please return completed request to ACC Utilities Engineering (FAX 602-542-0766) and to the Company at address listed above within 30 days.

### Compliance Status Report

**PWS Name:** \_\_\_\_\_**PWS ID # :** \_\_\_\_\_

**Overall Compliance Status:**      ☐ No Major Deficiencies      ☐ Major Deficiencies  
 Comments:

**Monitoring and Reporting Deficiencies:** ☐ No Deficiencies      ☐ Major Deficiencies  
 List deficiencies:

**Operation and Maintenance Deficiencies:** ☐ No Deficiencies      ☐ Major Deficiencies  
 Date of last inspection / sanitary survey: \_\_\_\_\_

Major Operation and Maintenance Deficiencies cited during inspection

<input type="checkbox"/> None	<input type="checkbox"/> unable to maintain 20 psi	<input type="checkbox"/> inadequate storage
	<input type="checkbox"/> cross connection/backflow problems	<input type="checkbox"/> surface water treatment rule
	<input type="checkbox"/> treatment deficiencies	<input type="checkbox"/> approval of construction
	<input type="checkbox"/> certified operator	<input type="checkbox"/> other

Comments:

**Administrative Orders:**

Is ADEQ administrative order in effect?      ☐ Yes      ☐ No  
 Is US EPA administrative order in effect?      ☐ Yes      ☐ No  
 Comments:

**System Information:**

Number of Points of Entry \_\_\_\_      Population Served \_\_\_\_      Connections Served \_\_\_\_

**DWCE Evaluation completed by:** \_\_\_\_\_

**Phone:** \_\_\_\_\_      **Date:** \_\_\_\_\_

Based on data submitted by the water system, ADEQ has determined that this system is currently delivering water that (meets/does not meet) water quality standards required by Arizona Administrative Code, Title 18, Chapter 4. This compliance status report does not guarantee the water quality for this system in the future. This compliance status report does not reflect the status of any other water system owned by this utility company.



# Arizona Department of Revenue • Field Operations

PO Box 29070 • Phoenix, AZ 85038-9070

Tel: (602) 542-4472

## TAX CLEARANCE APPLICATION

### 1. Applicant Information:

APPLICANT NAME		DAYTIME TELEPHONE NUMBER (   ) -	
ADDRESS			
CITY	STATE	ZIP CODE -	

### 2. Tax Clearance Purpose: *Check only one box.*

#### CERTIFICATE OF COMPLIANCE FOR DISSOLUTION OR WITHDRAWAL:

☐ Dissolution of Corporation\*\*

☐ Withdrawal from Arizona\*\*

#### LETTER OF GOOD STANDING:

☐ Sale of Business

☐ Personal

☐ Residency

☐ Other:

### 3. Application Type: *Check only one box and provide tax identification number(s).*

☐ Corporation

Federal Employer I.D. No.

☐ S Corporation

OR

☐ Partnership

AZ Transaction Privilege License No.

☐ Tax Exempt Organization

OR

☐ Limited Liability Company

AZ Withholding Tax License No.

☐ Limited Liability Partnership

☐ Estate

Social Security No.

☐ Trust

OR

☐ Individual

AZ Transaction Privilege License No.

OR

AZ Withholding Tax License No.

### 4. Signature

Print Name

Print Specific Title (Corporate Officer, Partner, Individual)

Signature

Date

### 5. Mail application to:

Arizona Department of Revenue

TCS 7<sup>th</sup> Floor

PO Box 29070

Phoenix, AZ, 85038-9070

POWER OF ATTORNEY: If this application is submitted by anyone other than a Corporate Officer, General Partner, or Individual (Sole Proprietor), Arizona Form 285, *General Disclosure/Representation Authorization Form*, is required. Visit our web site at [www.revenue.state.az.us](http://www.revenue.state.az.us) and click on the *Tax Forms* link to obtain Form 285.

*Be sure to sign the application. Unsigned applications will not be processed. Do not fax the application. Faxed applications will not be processed.*

**\*\* Not applicable to Estate, Trust, or Individual application types**

ADOR 25-0002 (5/01)